



2013 FALL REGISTRATION FORM

Churchville Rec. Baseball
P.O. Box 207, Churchville, MD 21028

☐ RETURNING Player
☐ NEW Player

Player's
Name: _____
Last Name First Name MI

Address: _____
Street City Zip Code

Birth Date: ____/____/____ Email Home: _____
Mo Day Yr

Parent(s)/Guardian Name: _____ Phone No. _____
First Name(s) Last Name(s)

Parent(s)/Guardian Name: _____ Phone No. _____
First Name(s) Last Name(s)

Age Group (Circle) as of 4 / 30 / 2014*: 9/10 11/12 13/15 16/19
*NOTE: Age is as of next year's season

Uniform Shirt Size (Please Circle): Youth: Small Medium Large
Adult: Small Medium Large XL

Any physical conditions or allergies (please comment)? _____

Accommodations requested? (please explain): _____

Registration Fees:

Age Group	Fees	Age Group	Fees
T-Ball	N / A	11 – 12	\$80 per child*
7 – 8	N / A	13 – 15	\$80 per child*
9 – 10	\$80 per child*	16 – 19	TBD

Multi-child discount: when registering multiple children from the same household, you may subtract \$5.00 from the 2nd child's fee, \$10.00 from the 3rd child's fee, and \$15.00 from the 4th child's fee.

****Please make checks payable to: Churchville Rec. Council * Please note Baseball Program in Memo field****

*** Registrations received after 15 July 2013 will be subject to team availability. There will be a \$15.00 late fee if registration is received and accepted after 15 July 2013***

**There will be a \$15.00 service charge for any returned check **

Refunds given only with Baseball Board Approval

Volunteering Opportunities:

Manager/Coaching/Team Parent Positions/Etc. – Please complete this section if you are interested in managing, coaching, being a team parent, or age group coordinator. *All prospective volunteers must submit to a **background check**. A link for the application can be found in the "Coaches" section of our website <http://www.churchvillebaseball.com>.

_____ Manager* _____ Coach* _____ Team Parent _____ Age Group Coordinator _____ Opening Day Volunteer

I agree to abide by the rules and regulations of the league. I further agree that when I leave after the season, I will return any special program uniform items or athletic equipment issued to me or my child. I will abide by the Churchville Rec. Council - Baseball Code of Conduct (Jan. 2012). I agree that I will not hold the manager, coaches, team, program, and sponsor, Churchville Recreation Council or Harford County Department of Parks & Recreation responsible for injuries received while participating in this program. I also understand that information on YOUTH SPORTS CONCUSSION AND HEAD INJURIES is available at www.cdc.gov/concussioninyouthsports or at 1-800-232-4636. I hereby approve of the terms of the contract signed by myself.

Parent/Guardian Signature: _____ Date: _____
(If child is under the age of 18)

Program Use Only

Age and Information Verified By: _____ Date: _____

Payment Amount: _____ Payment Type: _____ Cash _____ Check No: _____